

| Fill in this information to identify your case:  |                    |             |           |
|--|--------------------|-------------|-----------|
| Debtor 1   | Mary Lynne O'Brien |             |           |
|  | First Name         | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  |                    |             |           |
|  | First Name         | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>EASTERN</u> District of <u>PENNSYLVANIA</u> |                    |             |           |
| Case Number<br>(if known)  | <u>15-10185</u>    |             |           |

Form B 6J

## Schedule J: Your Expenses – Continuation Page

All figures below are included in the total on Line 22 of Schedule J

| 2. Additional Dependents<br>Do not list Debtor 1 and Debtor 2.<br>Do not state the dependents' names. | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's<br>age | Does<br>dependent<br>live with you?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes |
|---|---|--------------------|--|
|   |   |                    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
|   |   |                    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
|   |   |                    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |

### Your Expenses

|   |    |        |
|---|----|--------|
| <b>6d. Other Utilities.</b>   |    |        |
| Specify:  |    | \$     |
| Specify:  |    | \$     |
| <b>15d. Other Insurance.</b>  |    |        |
| Specify:  |    | \$     |
| Specify:  |    | \$     |
| <b>16. Taxes. Do not include taxes deducted from your pay or included in Lines 4 or 20.</b> |    |        |
| Specify:  |    | \$     |
| Specify:  |    | \$     |
| <b>19. Other payments you make to support others who do not live with you.</b>              |    |        |
| Specify:  |    | \$     |
| Specify:  |    | \$     |
| <b>21. Other.</b>   |    |        |
| Specify: Pet Food, Vet Expenses   | \$ | 160.00 |
| Specify: Car Expenses/Repairs   | \$ | 50.00  |
| Specify:  | \$ |        |
| Specify:  | \$ |        |
| Specify:  | \$ |        |
| Specify:  | \$ |        |